



Dr Robyn O'Sullivan FRACP
Provider No 0123054H

Dr Allan Finnimore FRACP
Provider No 957565K

SLEEP STUDY REFERRAL FORM

SLEEP CARE - www.sleepcare.com.au - 1300 75 33 75
Tel: 07 3397 3036 Fax: 07 3397 3013 Email: admin@sleepcare.com.au

PATIENT DETAILS/HOSPITAL ID STICKER

Name
Address
Telephone
Date of birth

Sleep Physician Consultation Commercial Driver Yes No

STUDY TYPE REQUESTED

Diagnostic Sleep Study Unsuitable for Unattended Sleep Study Level 2 Home Study
In-lab study requested by patient Reason

SIGNIFICANT CO-MORBIDITIES

Ischaemic heart disease Hypertension Atrial fibrillation or Arrhythmia Heart failure
Chronic pain on narcotics Suspected central apnoea Neurological disease Epilepsy
Sleep-related movements Suspected parasomnia COPD

Treatment Study

(a Sleep Physician consult is necessary) CPAP titration CPAP check MAS study
NIV ASV MSLT MWT 10-20 EEG Video

INDICATIONS FOR SLEEP STUDY

EPWORTH SLEEPINESS SCORE

Table with 4 columns: Would never doze (0), Slight chance of dozing (1), Moderate chance of dozing (2), High chance of dozing (3). Rows include activities like sitting and reading, watching TV, etc.

OSA 50 QUESTIONNAIRE

Is waist circumference >102cm if male or >88cm if female? 3
Has the patient's snoring ever bothered other people? 3
Has anyone reported apnoeas during the patient's sleep? 2
Is the patient over 50 years of age? 2
Total

Please note: Epworth Sleepiness Score must be >=8 and OSA50 Score must be >=5 to meet criteria for Medicare funding.
If these criteria are not met, please request a Sleep Physician Consult.

SYMPTOMS

Snoring Wakes choking Witnessed apnoeas Nocturia
Restless legs Drowsy driving Memory problems Morning headache

MEDICATION LIST - attach list if insufficient space

REFERRING DOCTOR Name Date

Address Provider No.

Signature Copy to